

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF	IN UNITED STATES	<input checked="" type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	<div style="border: 1px solid black; padding: 2px;">LOCATION NUMBER</div>
<u>US</u>	v. <u>Miguel Ocon</u>	FOR _____ AT _____	<div style="border: 1px solid black; padding: 2px;">DOCKET NUMBERS</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <u>CR 235</u>              District Court              Court of Appeals           </div>
PERSON REPRESENTED (Show your full name)		<div style="border: 1px solid black; padding: 2px;"> <u>Miguel Ocon</u> </div>	
CHARGE/OFFENSE (describe if applicable & check box →)		<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
		<div style="border: 1px solid black; padding: 2px;">           1 <input checked="" type="checkbox"/> Defendant—Adult            2 <input type="checkbox"/> Defendant - Juvenile            3 <input type="checkbox"/> Appellant            4 <input type="checkbox"/> Probation Violator            5 <input type="checkbox"/> Parole Violator            6 <input type="checkbox"/> Habeas Petitioner            7 <input type="checkbox"/> 2255 Petitioner            8 <input type="checkbox"/> Material Witness            9 <input type="checkbox"/> Other         </div>	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY			
EMPLOYMENT	Are you now employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
	Name and address of employer:	_____	
	IF YES, how much do you earn per month? \$	_____	
	IF NO, give month and year	_____	
	How much did you earn per month?	_____	
	IF married is your Spouse employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, how much does your Spouse earn per month? \$	_____	
	IF a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$	_____	
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED: <u>\$ 11,000</u> SOURCES: <u>Excursion - 2009 - Stolen - insurance payout</u>	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    IF YES, state total amount \$ _____	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION
	_____	_____	_____

DEPENDENTS		MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED		<input checked="" type="checkbox"/>	0	_____	
		_____			
		_____			
		_____			
DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>		APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
		<u>Cell Phone</u>		\$ _____	\$ <u>150</u>
		<u>Clothes, Food</u>		\$ _____	\$ <u>300</u>
		_____		\$ _____	\$ _____
		_____		\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

4/25/08SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Miguel Ocon